

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

091461 061

FILING DATE

12-15-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		6				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	1	4				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		5				
38	1					
39		1				
40	1					
41		1				
42		1				
43		1				
44	1					
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	11					
TOTAL CLAIMS	54					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						